

From the Editor's view

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These days, most letters or notes to members of any group start with saying we are in unprecedented times. And so, we are. But it is not new that medical professionals are on the front lines of health threats. Your dedication to the well-being of others is noble at all times, swelling to the heroic at times like these. You are very deserving of any accolade or gift people such as myself, those not in the medical field, might offer – for your bravery, your professionalism, and most of all, for your compassion.

I am in Canada, a far distance from most of you, yet the situation is not very different. Here I am seeing a lot of compassion. Each day we receive new stories of people helping and appreciating others, albeit from a distance. On the day the construction companies closed their doors, a long convoy of their trucks went by the apartment building I am in, all honking and playing loud music as a tribute to the healthcare workers at the nearby hospital in thanks for their work on the front lines. Your work. Know you are appreciated!

Our articles

For those moments when you want to feel productive but need a break from everything COVID-related, we have some great articles for you that emphasise the importance of specialists such as yourselves. **Michael Nye** and his colleagues studied the difference using ultrasound can make for successful placement of peripheral intravenous catheters (PIVCs). Find out how patient experiences improved, especially those with cannulation challenges. The skills required for successful cannulation, i.e., without multiple attempts or vein damage, are often underestimated. **Nicole Marsh** and her research team present a narrative review of literature that points to the lack of published trials looking at the benefits of having a team of specialists for inserting PIVCs. Our next article, by **Leanne Ruegg** and her colleagues, is a retrospective analysis of having just such a specialised nurse-led team doing PICC insertions to improve patient outcomes. They used a comparative prevalence of catheter-related bloodstream infection and catheter-related deep vein thrombosis as a measure of success. The results are encouraging. Finally, **Nicole Marsh** and a team of researchers and clinicians wanted to address the high rate (up to 69%) of complications, such as occlusion or infiltration, that cause vascular access device failure, by using midlines instead of PIVCs. Here they set out a randomised control trial protocol for

comparing these devices as a basis for establishing a guide for best practice.

With the current situation, it is so important to prevent vascular access complications that could further weaken a patient's immune defence. Your expertise in this field is always important, but even more so now – on the front lines and in the lab. Research and its reporting are important parts of looking forward. Together they help us see a better way of doing things. As we get through this pandemic, we are looking forward to better times with better ways. Enjoy this issue and take care of yourself. That is always the first and most important defence.

Linda M. Verde
Editor-in-Chief